

# Mental Health and Behaviour Issues in Mainstream

Thursday 6<sup>th</sup> September 2012

# Mental Health Quiz

# What is good Mental Health?



# What is good Mental Health?

“... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”

World Health Organisation

# Mental Health is a continuum

Good Mental Health

Mental Illness



# Young People and Mental Illness

- The greatest number of people with a mental illness are within the 18-24 year age group.
- Many people with schizophrenia first experience symptoms in their mid to late teen years.
- One third of people with a mental illness who are admitted to public hospitals are less than 30 years old.
- Depression is one of the most common health conditions in young people and increases during adolescence.
- Drug use can complicate diagnosis and exacerbate or trigger illness in vulnerable young people.

# The Mental Health of Young People

- Young people are more likely to experience a mental illness and prevalence of mental disorders declines with age. In 2007, 26% of 16-24 year olds had experienced a mental disorder in the previous 12 months, while only 5.9% of 75 year olds and over had experienced a mental disorder during that time.
- Data published in 2008 revealed that during a 12-month period, 7% of Australian children and adolescents aged 0-17 were experiencing mental health problems. This rate of mental health problems was similar across both gender group.
- In 2004-2005, one in 10 young Australians had a long-term mental health or behavioural problem.
- In 2003, mental disorders were the leading contributor to the total burden of disease among young Australians, accounting for 49% of that total.

# The Mental Health of Young People

- There is a higher prevalence of child and adolescent mental health problems among those living in low-income, step/blended and sole-parent families.
- Family doctors, school-based counsellors and paediatricians provide the services that are most frequently used by young people with mental health problems. Younger children (4-12) were more likely to visit paediatricians and family doctors, while older children were more likely to visit school-based counselling services.
- Even among young people with the most severe mental health problems, only 50% receive professional help. Parents reported that help was too expensive or they didn't know where to get it, and that they thought they could manage on their own.



# The Mental Health of Young People

- Adolescents with mental health problems report a high rate of suicidal thoughts and other health-risk behaviour, including smoking, drinking and drug use.
- 12% of 13-17 year olds reported having thought about suicide, while 4.2% had actually made a suicide attempt. Females had higher rates of suicide ideation than males.
- In 2004-2005, there were 8,013 hospitalisations among young people for mental and behavioural disorders due to drug and alcohol use (almost 2% of all hospitalisations among young people).

# The Mental Health of Young People

- 25% of males and 19.7% of females living in step/blended families, and 22.2% of males and 26.7% of females living in sole-parent families experienced mental health problems, compared to 11.3% of males and 10.7% of females living with their original parents.
- Only one out of every four young persons with mental health problems had received professional health care.
- Even among young people with the most severe mental health problems, only 50% receive professional help. Parents reported that help was too expensive or they didn't know where to get it, and that they thought they could manage on their own.

Taken from [www.responseability.com](http://www.responseability.com)

# What would good Mental Health at school look like?

A person who has good mental health has good emotional and social wellbeing and the capacity to cope with change and challenges. Mental health problems can affect your feelings, thoughts and actions, and cause difficulties in your everyday activities, whether at school, at work, or in relationships.

# What Mental Health issues do we see in our schools?

- Depression
- Anxiety
- Psychosis (Schizophrenia, Bipolar, drug induced psychosis)
- Personality disorders

# Mood Disorders

## Depression

- Affects 6.2% of 16-85 year olds in any year.
- Often occurs with
- (co morbidity) with anxiety disorders and substance abuse.

## Signs and Symptoms

- An unusually sad mood
- Loss of enjoyment and interest in activities that used to be enjoyable
- Lack of energy and tiredness
- Feeling worthless or guilty
- Difficulty concentrating
- Changes in sleep patterns
- Changes in eating habits
- Headaches

# Mood Disorders

## Depression

- Mild or Major
- Affects 6.2% of 16-85 year olds in any year.
- Often occurs with (co morbidity) anxiety disorders and substance abuse.

## Behaviours

- Crying spells, withdrawal, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, slowed down, non-suicidal self injury, using drugs and alcohol.

# Mood Disorders

## How might it look at school?

- Slow moving and thinking
- Uninterested
- Lazy
- Poor personal hygiene and grooming
- 'Fragile' – looks sad, cries easily, won't talk, doesn't ask for help
- Drop in work – marks, output
- Disorganized
- Irritable, angry
- Unconcerned about consequences

# Mood Disorders

## How you can help

- Listen non- judgmentally
- Be genuine
- Show empathy
- Provide practical help – organisation, breaking down tasks, set realistic expectations, be patient
- Refer to the School Counsellor!!!!



# Anxiety Disorders

Types of Anxiety Disorders	Rates %
• Post-Traumatic Stress Disorder (PTSD)	6.4
• Social Phobia	4.7
• Agoraphobia	2.8
• Generalized Anxiety Disorder (GAD)	2.7
• Panic Disorder	2.6
• Obsessive-compulsive Disorder (OCD)	1.9

Not uncommon for sufferers to have more than one type of anxiety

# Anxiety Disorders

## Post-Traumatic Stress Disorder (PTSD)

- Can occur after a a person experiences an event they perceive to be traumatic
- War
- Accidents
- Assault
- Domestic violence
- Witnessing an event/assault
- Natural disaster
- Mass traumatic event e.g. September 11

# Anxiety Disorders

## Symptoms

- Nightmares
- Flashbacks
- Intrusive memories
- Emotional numbing
- Persistent avoidance of reminders

# Anxiety Disorders

## School Behaviours

- Emotional distress
- Irritability
- Watchfulness
- Easily startled
- Outbursts of rage
- Unresponsive to consequences

# Anxiety Disorders

## Obsessive-compulsive disorder (OCD)

- Least common
- Often begins in adolescence
- Obsessive thoughts – recurrent thoughts, impulses, intrusive images, cause anxiety
- Thoughts usually about fear, contamination, symmetry and/or exactness safety etc

# Anxiety Disorders

## Obsessive-compulsive disorder (OCD)

- Compulsive behaviours – the person is driven to perform repetitive behaviours or mental acts to reduce anxiety
- Common compulsions include washing, checking, repeating, ordering, counting, hoarding, touching

# Anxiety Disorders

## How might it look at school?

- Avoidance of situations, places, people
- Distress at school – crying, irritable, angry, needing reassurance
- Impatience
- Confusion leading to disorganized work,
- Lateness
- Drop in work – marks, output
- Unable to make decisions
- Panic attacks
- Physical symptoms – racing heart, shortness of breath, dizziness, headache, nausea, stomach pains,
- Restlessness, needing to go to the toilet
- Poor concentration and/or memory

# Anxiety Disorders

## How you can help

- Listen non- judgmentally
- Be genuine
- Show empathy – avoid being dismissive
- Provide practical help – organisation, breaking down tasks, set realistic expectations, be patient, allow time to calm down
- Ask the student what
- Refer to the School Counsellor!!!!



# Oppositional Defiant Disorder

- Symptoms

Pattern of negative hostile behaviour

- Often loses temper
- Argues with adults
- Actively defies adult's rules and requests
- Deliberately annoys others
- Blames others for mistakes or misbehaviour
- Can be spiteful or vindictive
- Often angry and resentful

# Oppositional Defiant Disorder

## Symptoms

Disturbance in behaviour causes clinically significant impairment in social, academic, or occupational functioning

The behaviours do not occur exclusively during the course of a psychotic or mood disorder

Criteria are not met for conduct disorder, and, if the individual is over 18 years or older, criteria are not met for antisocial personality disorder

# Oppositional Defiant Disorder

## Strategies – can include

- Following instructions
- Accepting consequences
- Anger control strategies
- Developing positive self-esteem
- Self-Monitoring and Reflection
- Relaxation strategies
- Disagreeing appropriately
- Dealing with frustration
- Conflict resolution

# Aggressive Behaviour

- Only a small proportion (up to 10%) of violence in society is due to mental illness.
- Depression and anxiety disorders have little association with violence
- Drug and alcohol has a greater link to violence

# Aggressive Behaviour

- If a student is being aggressive:
- Ensure your own safety
- Ensure the safety of those close by
- Remain calm
- Try to de-escalate the situation

# Aggressive Behaviour

## De-escalating a situation

- Speak slowly, calmly with a caring tone of voice
- Don't challenge, avoid being hostile, keep some distance
- Don't argue
- Avoid raising your voice
- Use positive words e.g. stay calm,
- Avoid abrupt movements, fidgeting
- Allow the person to move, pace. Shadow if necessary
- Less is more – less talk, less movement

# Attention-Deficit/Hyperactivity Disorder

## Symptoms

### Inattention

- Often fails to give close attention to details
- Difficulty sustaining attention
- Not seeming to listen
- Incomplete work
- Difficulty following instructions
- Difficulty organising tasks
- Loses things
- Easily distracted
- Forgetful in daily activities

# Attention-Deficit/Hyperactivity Disorder

## Symptoms

### Hyperactivity

- Often fidgets with hands or feet, squirms in seat
- Often leaves seat when expected to be seated
- Often runs about or climbs excessively
- Difficulty playing or engaging in leisure activities
- Is often 'on the go'
- Often talks excessively

### Hyperactivity

- Often blurts out answers before questions have been completed
- Difficulty waiting turn
- Often interrupts or intrudes on others



# Attention-Deficit/Hyperactivity Disorder

## Strategies – can include

- Following instructions
- Accepting consequences
- Completing tasks
- Getting another person's attention
- Ignoring distractions
- Seeking positive attention
- Waiting your turn
- Delaying gratification
- Organization skills and strategies – may need to be ongoing
- Stress management
- Taking breaks

# References

- Mental Health First Aid Manual
- Blackdog Institute
- Headspace
- Response Ability [www.responseability.org](http://www.responseability.org)
- Beyondblue
- [http://www.healthinsite.gov.au/topics/Mental\\_Health\\_of\\_Young\\_People](http://www.healthinsite.gov.au/topics/Mental_Health_of_Young_People)